



**TEXAS DEPARTMENT OF HEALTH**  
**BUREAU OF EMERGENCY MANAGEMENT**  
**PARAMEDIC LICENSURE**

Initial, Renewal & Extension Application

*For TDH Use Only* 2A284/160

Receipt # \_\_\_\_\_

Date \_\_\_\_\_

Amount \_\_\_\_\_

TYPE OR PRINT IN BLACK INK.

All information given on this application is considered public record, with exception of social security number\* and driver's license number.

**APPLICATION SUBMISSION:** Send completed application & fee with supporting documentation to your local **Public Health Region office**. You are responsible for scheduling your exam seat assignment with the region office. Contact your Public Health Region office with questions about application and fee processing time lines. Make payment payable to: **Texas Department of Health**.

**Section 1 - Personal Data**

Print Last Name	First name	Middle name	Social Security # * or EMS ID#
Mailing address : Street or PO Box		City	State Zip
( )	( )		
Home phone	Business phone	County	( )
Email address	Date of birth (MM/DD/YY)	Driver's License number (include state)	

\*Disclosure of your social security number is voluntary. We recommend you provide your social security number to be used as a unique identifier so as to prevent confusion among applicants of similar or same name.

**Section 2 - EMS Employer Information**

List all licensed EMS firms &/or Registered First Responder Organizations for which you work/volunteer:

Name of firm	Address	City, state, zip	Vol or Paid
_____	_____	_____	_____
_____	_____	_____	_____

Include additional listings on an attachment if necessary. Complete Section 5 -Volunteer Sign-off if applicable.

**Section 3 - Application Status - Check one box.** Attach requested information.

☐ **Initial Licensure** - Attach college transcript or copy of diploma. If you are a current Texas certified paramedic, you will not take the state written exam (Section 6- Exam Waiver not necessary). If **not** a current Texas certified paramedic, submit a paramedic course completion certificate. You are required to pass the written exam. Contact the region office to schedule your exam appointment.

☐ **Renewal Licensure** - Must complete a minimum of 96 CE hours (48 in each two year period) and pass the written exam. To qualify for an exam waiver, have your medical director complete Section 6 -Exam Waiver and you must complete additional CE hours (see Section 7 -Continuing Education). If applying after expiration date, submit \$25 late fee. Licensure **does not** extend past expiration date. Reentry candidates (applying between 91 days and 3 years after expiration date) contact your region office.

☐ **Extension of Licensure** - **If you are a licensed paramedic with an EMS degree**, you may be allowed to apply for a 2 year extension of your current license. You must have a total **136 CE hours** and authorization from your medical director to waive the exam (see Section 6- Exam Waiver).

☐ **Renewal Licensure after Extension of Licensure** - You will be required to pass the written exam unless you have authorization from your medical director (see Section 6- Exam Waiver). You must have 68 CE hours during current 2 year period.

☐ **Reciprocity Licensure** - Attach copy of current out-of-state or National Registry ID card and college transcript or copy of diploma. You are required to pass the state written exam. Contact the region office to schedule your exam appointment.

☐ **Inactive Status** - To change the existing license from active to inactive. Attach *Inactive Statement* form. No fee required.

☐ **Inactive Renewal** - Currently licensed paramedics only. Attach *Inactive Statement* form. You must pay applicable application fee.

☐ **Inactive to Active Licensure** - Requires completion of paramedic refresher course and passing the written examination.

**Section 4 -Fees - Mark the Fee(s) You Are Submitting:**

<input type="checkbox"/> Initial & Renewal Application Fee (\$100)	<input type="checkbox"/> None: Explain- _____
<input type="checkbox"/> Extension Licensure Fee (\$50)	<input type="checkbox"/> <i>Texas EMS Magazine</i> 2 yr subscription for \$15
<input type="checkbox"/> Late fee (\$25; volunteers are <u>not</u> exempt)	<input type="checkbox"/> <i>Texas EMS Magazine</i> 4 yr subscription for \$30

OVER 

Last name, First: \_\_\_\_\_

SS #\* or EMS ID#: \_\_\_\_\_

**Section 5 - Volunteer Sign-off - Complete if applicable**

**This section to be completed by EMS administrator**

This candidate is exempt from the payment of fees because he/she actively provides emergency medical care for our organization, which is a TDH **licensed** emergency medical services provider or a TDH **registered** first responder organization, and does not receive compensation\*\* for providing these services. Additionally, to the best of my knowledge, this candidate does not provide emergency care for any other organization in return for compensation\*\*, other than reimbursement as described below.

I have explained to the candidate that if during the certification/licensure period, the candidate begins to receive compensation\*\* for providing emergency medical services, from any organization, the exemption is inapplicable and the candidate shall send to the department an application and a prorated fee.

\_\_\_\_\_  
Signature of administrator

\_\_\_\_\_  
Printed signed name

\_\_\_\_\_  
Firm/Registration #

\_\_\_\_\_  
Firm/Organization name

\_\_\_\_\_  
( )  
Firm/Organization phone

\*\*Compensation does not include reimbursement for actual expenses for medical supplies, gasoline, clothing, meals and insurance incurred while volunteering.

**Section 6 - Exam waiver - To be completed by medical director, if applicable. Renewal or extension candidates only.**

By signature of this application, I waive the written renewal examination for the above named person seeking paramedic licensure.

\_\_\_\_\_  
Signature of Medical Director

\_\_\_\_\_  
Print signed name

\_\_\_\_\_  
License #

**Section 7 - Continuing Education - Renewal or extension candidates only.**

I have completed \_\_\_\_\_ hours of CE within the medical subject areas listed in §157.40, Paramedic Licensure. A minimum of 96 hours is required (48 during each 2 year period). If applying for a renewal with exam waiver, a minimum of 136 hours is required (68 during each 2 year period). If renewing after receiving a two year extension, 68 hours are required for current 2 year period.

In completing this section, I understand that I may be required to furnish proof of my CE hours and agree to retain documentation of the CE hours for a period of 5 years from application date. I also understand if I am unable to substantiate these hours my license may be revoked.

**Section 8 - Criminal History Information**

Failure to report convictions and/or provide accurate information may result in disciplinary action against your Texas EMS personnel certification/licensure. We intend to take disciplinary action when criminal history information is omitted, either willfully or inadvertently. If you are currently under supervision (probation) for a criminal offense for which you believe you have not been convicted, please disclose this information below.

**Have you ever been convicted of a felony or misdemeanor?**      **G No**   or   **G Yes**   If yes, complete below.

Provide the following information for **all** felony and/or misdemeanor offenses, excluding minor traffic violations, e.g. speeding, parking (NOTE: DWI/DUI **must** be reported). Include any conviction(s) currently on appeal. For multiple offenses, use additional sheet(s). Attach additional information/documentation, e.g. court judgement(s), condition(s) of probation, if appropriate.

Indicate offense(s) committed & court case/cause number(s): \_\_\_\_\_

Date(s) of conviction(s): \_\_\_\_\_ Sentence(s): \_\_\_\_\_ Fine(s): \$ \_\_\_\_\_

City, County and State where offense(s) committed: \_\_\_\_\_

List other names you have used (e.g. alias, married/maiden, etc.) \_\_\_\_\_

Are you/were you on probation/parole?   **G No**   or   **G Yes**      Projected discharge date: \_\_\_\_\_ Discharge date: \_\_\_\_\_

**Has your criminal history previously been evaluated by TDH?**   **G No**   or   **G Yes**   When: \_\_\_\_\_   **If yes, have you committed any criminal offenses, or has the court taken any actions against you since the evaluation?**   **G No**   or   **G Yes**

**Section 9 - Signature & Date**

I hereby affirm and declare that all information submitted on this form is true and correct. I understand that false statements or information on this application may be considered as sufficient cause for denial or revocation of licensure.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_